

FILED JAN 15 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43650

STATE FILE NUMBER

Registration District No. 44

Primary Registration District No. 4061

Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <b>Caldwell</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> COUNTY <b>Caldwell</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Braymer</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Braymer</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>city limits</b>			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>city limits</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ELMA</b> Middle <b>DORA</b> Last <b>WELKER</b>				4. DATE OF DEATH <b>12/27/57</b> Month <b>12</b> Day <b>27</b> Year <b>57</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>5/25/1872</b>		9. AGE (In years last birthday) <b>85</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>		11. BIRTHPLACE (City and state or country) <b>Ray Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Michael Toomay</b>				14. MOTHER'S MAIDEN NAME <b>Martha Jane Moad</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mayme Letholt, Braymer, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> <b>Coronary Arteriosclerosis</b> <b>Generalized Arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>4201</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 Hour</b> <b>many years</b> <b>many years</b> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>---</b>					
20c. TIME OF INJURY Hour <b>---</b> Month <b>---</b> Day <b>---</b> Year <b>---</b> a. m. <b>---</b> p. m. <b>---</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>		20f. CITY, TOWN, OR LOCATION <b>---</b>		COUNTY <b>---</b>		STATE <b>---</b>	
21. I attended the deceased from <b>July 1948</b> to <b>Dec. 27/1957</b> and last saw her <b>alive</b> on <b>Dec 27 1957</b> Death occurred at <b>1207 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>D. E. Goldberg M.D.</b> (Degree or title)				22b. ADDRESS <b>Braymer, Mo.</b>		22c. DATE SIGNED <b>12/28/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>12/1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Evergreen cometary</b>		23d. LOCATION (City, town, or county) (State) <b>Braymer, Mo.</b>	
24. FUNERAL DIRECTOR <b>Michael Funeral Home, Braymer, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Jan. 6-1958</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Letholt</b>	

(Licensed Embolmer's Statement on Reverse Side)

1 MAR 25 1958 JWW

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gene B. Michael

Licensed Embalmer No. 434

P. O. Address Braymer,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.